

Return to: Talbot County Community Center 10028 Ocean Gateway Easton, MD 410-770-8050

## Alpha (6 Years-Adult)

| 2015-16 Saturday (Check Class & Session)  | Fee: \$35 Mini \$75 Regular 1   |                             |
|---|---|-----------------------------|
| Tots (3 Years-5 Years)  | <ul><li> Mini Session September 26 - October 10</li><li> Session 1 October 17 - November 21</li></ul> |                             |
| Fee: \$35 Mini \$75 Regular 9:30AM –10:00AM   | O Session 2 December 5– January 16  |                             |
| O Mini Session September 26 - October 10  | O Session 3 January 30 - March 5  |                             |
| O Session 1 October 17 - November 21  | Beta (6 Years-Adult)  |                             |
| O Session 2 December 5– January 16  | Fee: \$35 Mini \$75 Regular 11:30AM –Noon   |                             |
| Session 3 January 30 - March 5  | O Mini Session September 26 - October 10  |                             |
| Intro (6 Years-Adult) Fee: \$35 Mini \$75 Regular 10:00AM –10:30AM  | O Session 1 October 17 - November 21  |                             |
| O Mini Session September 26 - October 10  | O Session 2 December 5– January 16  |                             |
| Session 1 October 17 - November 21  | O Session 3 January 30 - March 5  |                             |
| Session 2 December 5– January 16  | Gamma (6 Years-Adult)   |                             |
| Session 3 January 30 - March 5  | Fee: \$35 Mini \$75 Regular Noon –12:30PM   |                             |
| Pre Alpha 1 (6 Years-Adult)   | O Mini Session September 26 - October 10  |                             |
| Fee: \$35 Mini \$75 Regular 10:30AM –11:00AM  | Session 1 October 17 - November 21  |                             |
| O Mini Session September 26 - October 10  | Session 2 December 5– January 16  |                             |
| Session 1 October 17 - November 21  | Session 3 January 30 - March 5  |                             |
| Session 2 December 5– January 16  | Delta (6 Years-Adult)   |                             |
| Session 3 January 30 - March 5  | Fee: \$35 Mini \$75 Regular Noon –12:30PM   |                             |
| Pre Alpha 2 (6 Years-Adult)   | O Mini Session September 26 - October 10  |                             |
| Fee: \$35 Mini \$75 Regular 10:30AM –11:00AM  | O Session 1 October 17 - November 21  |                             |
| O Mini Session September 26 - October 10  | Session 2 December 5– January 16  |                             |
| Session 1 October 17 - November 21  | Session 3 January 30 - March 5  |                             |
| Session 2 December 5– January 16  | Freestyle (6 Years-Adult)   |                             |
| Session 3 January 30 - March 5  | Fee: \$35 Mini \$75 Regular 1   |                             |
| ,   | O Mini Session September 2  |                             |
| * 11 * * 11 * * 11 *  | O Session 1 October 17 - No   |                             |
| * ( * ( * * ( * ( * * ( * ( * * ( * ) ) ) ) | O Session 2 December 5– Ja  | anuary 16                   |
|   | O Session 3 January 30 - Ma   | arch 5                      |
| Name of Child   | Date of Birth   | Age                         |
|   |   |                             |
| Parent/Guardian Name  |   |                             |
| A 11  | C'A   | 710                         |
| Address   | City  | ZIP                         |
| Home Phone  | Other Phone   |                             |
| Email   |   |                             |
| I am the parent / legal guardian of the above named minor. I  |   | discharge all claims agains |
| the Talbot County Parks and Recreation, its employees, volume   | iteers, commissioners or agents for   | damages and / or injuries   |
| which may arise from participation in the above named activi  |   |                             |
| medical technician or medical facility to treat the above name  | d minor for injuries that may be rec  | eived while participating   |
| in the above named activity.  |   |                             |
|   |   |                             |
| Signature of Parent / Guardian  | Date  |                             |
| For Office Use: Total Paid Cash/Check/  | Charge Date Sta   | aff Initials                |
|   |   |                             |